

Library Membership Form for Children and Youth

Date: _____

To Whom It May Concern,

I, the undersigned, would like to apply for a library membership for my child/youth:

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Parent/Guardian Information

Full Name: _____

Relationship: _____

Email: _____

Phone Number: _____

Emergency Contact

Name: _____

Phone Number: _____

We understand that a library membership provides access to a wealth of resources, and we agree to adhere to all library rules and regulations.

Signature of Parent/Guardian: _____

Date: _____

Thank you for your consideration.